Order Number
DCD6X3F4I
Product
License Application (new) Alarm
Order Received
06/02/2023
Status
Investigator Assigned
Processor
darla.cole
Board
ASLB

Payment History
$ 197.87 Refund

Background
View Report (/attachedFiles/DCD6X3F4I/1685753613572)
Refresh
Background
complete
SSN
[redacted]
CRC Token
5bb342f3fa330955124c

Investigator: Darla G. Cole

Investigation Due Date: Monday, September 11th 2023

Applicant will be charged $50 Education fee: ☑

Application Review for Board Meeting Date: 01/18/2024

Director Result
Note

Committee Result
Note

Board Result
Note

Edit

Licensee Name

★ First Name: Daniel

Middle Name:

★ Last Name: Moreno

Suffix:

Demographics

★ Gender: Male

★ Race: Hispanic

★ Military Veteran or Current Servicemember

(●) Yes ( ) No

★ Spouse of Active Duty Servicemember

( ) Yes (●) No

Birth Info

★ Birth County: [redacted]

★ Country: [redacted]

★ Birth State: [redacted]

★ Birth Date: [redacted]

Citizenship Info

★ Citizenship

(●) U.S. Citizen ( ) Resident Alien ( ) Other?

Drivers License

Do you possess a valid motor vehicle operator's license?

(●) Yes ( ) No

★ Drivers License #: [redacted]

★ State Issued

[redacted]

Residential Address Must Provide Street or Road Name and/or Number.

Current Address

★ **Address Line 1**

[redacted]

Address Line 2

★ **City**

[redacted]

★ **State**

[redacted]

★ **Zip**

[redacted]

★ **Country**

[redacted]

★ **County**

[redacted]

☑ **Mailing is same address as home.**

Period of residence at this address, to the present

★ **From Year**

2022

★ **From Month**

October

Previous Addresses A 60 month history is required

Address	From	To	Edit	Delete
[redacted]	[redacted]	[redacted]	Edit	Delete

Add Previous Address

Phone Numbers

★ **Primary Number**

[redacted]

Secondary (Cell,Home,etc.) Number

Enter Phone Number

Office Number

Enter Phone Number

Fax Number

Enter Phone Number

Email

★ **Email Address**

[redacted]

Out Of State Licenses

Type	State	Expiration Date	Edit	Delete

Add Out-Of-State License

Experience

★ **List all experience within the past five (5) years you believe you have to qualify for the burglar alarm business license in accordance with G.S. 74D and 14B NCAC 17. Note: A Board investigator will contact you to obtain the relevant documentation. Examples of documentation to substantiate your experience will include evaluations, job descriptions, investigative logs and reports.**

Installer Tech for Spectrum and SEC installing voice/video/data and alarm services to residential and commercial businesses.

Education

★ **Have you graduated from high school, passed the high school equivalency test, or graduated from an accredited college or university?**

(●) **Yes** ( ) **No**

★ **Upload proof of High School Graduation, General Education Certificate, College or University diploma.**

Browse AA Degree.pdf

Education History

School	Course	Edit	Delete

Add Previous Education

Marital Status

★ **Select Marital Status**

○ **Single** ◉ **Married** ○ **Separated or Divorced**

★ **Family** Add spouse if married. Add father and mother if applicable.

Full Name	Relationship	Age	Address	Edit	Delete
[redacted]	[redacted]	[redacted]	[redacted]	Edit	Delete

Add Family Member

Military Status

★ **Select Military Status**

○ **Active** ○ **Retired** ◉ **Discharged** ○ **Reserve** ○ **N/A**

★ **Armed Services Number**

[redacted]

★ **Your DD214 or Discharge must be attached.**

Browse DD214.pdf

Previous Application

★ **Have you ever applied for a license or registration with either the NC Private Protective Services Board or the NC Alarm Systems Licensing Board?**

○ **Yes** ◉ **No**

CE Course Attendance Certificate

★ ○ **Yes** ◉ **No**

Applicants for a new burglar alarm license who have been licensed for any period during the previous two years must submit a North Carolina ASLB continuing education course attendance certificate. If you have possessed a license in the previous two years, please upload the signed continuing education course attendance certificate.

If Yes, please upload signed NC ASLB CE course attendance certificate.

Browse Select file (.jpg, .jpeg, .png, .pdf)

Employment History

Company	Supervisor	Work Dates	Edit	Delete
Name: Flock Safety **Address:** 1160 Howell Mill Road Northwest Atlanta, GA 30318 Fulton County **Phone:** (866) 901-1781	**Name:** Tyler Webb **Title:** Field Service Manager **Phone:** (470) 833-8280	**Start:** 06/06/2022 **End:**	Edit	Delete
Name: Southeastern Communications **Address:** 3931 Camden Rd Fayetteville, NC 28310 Cumberland County **Phone:** (540) 450-7408	**Name:** Michael Lantz **Title:** Field Ops Manager **Phone:** (540) 450-7408	**Start:** 06/15/2020 **End:** 06/29/2022	Edit	Delete
Name: Osmose Utilities **Address:** 635 Hwy 74 S. Peachtree City, GA 30269 Fayette County **Phone:** (770) 632-6700	**Name:** Edwaun Perez **Title:** Field Manager **Phone:** (770) 632-6700	**Start:** 09/25/2019 **End:** 04/14/2020	Edit	Delete
Name: Spectrum **Address:** 2805 Freedom Pkwy Dr. Suite 1 Fayetteville , NC 28314 Cumberland County **Phone:** (866) 234-8826	**Name:** James Jones **Title:** Technician Supervisor **Phone:** (866) 234-8826	**Start:** 09/09/2013 **End:** 07/10/2019	Edit	Delete
Name: Lowes **Address:** 1801 Fordham Blvd Chapel Hill, NC 27514 Orange County **Phone:** (919) 967-3289	**Name:** Shaun Silver **Title:** Delivery Dept. Manager **Phone:** (919) 967-3289	**Start:** 07/06/2011 **End:** 09/10/2013	Edit	Delete

Add Previous Employment

At least 10 years history is required.

Background Questions

★ ◉ **Yes** ○ **No** Have you ever been involuntarily dismissed, fired, or allowed to resign in lieu of firing?

★ **Explanation**

Was relieved of my foreman duties due to performance on a contract but was offered a crewmember position at half the pay doing the same type of job. I humbly denied the position.

★ ○ **Yes** ◉ **No** Have you ever been charged, arrested, convicted, pled guilty or granted a Prayer for Judgement to a criminal offense other than a minor traffic violation?

★ ○ **Yes** ◉ **No** Have you ever been convicted of, or pled guilty to, a violation of the UCMJ at a special or general court martial?

★ ○ Yes ◉ No Have you ever been denied an occupational license or had an occupational license suspended or revoked?

★ ○ Yes ◉ No Are you currently a sworn court official, a sworn law enforcement officer, or a commissioned company police officer?

★ ○ Yes ◉ No Have you ever been judged incompetent by a court or committed to a mental health facility for treatment of a mental illness?

Office Setup

★ **Type of office associated with this application?**

Establishing a main office for a company not yet registered with the board.

Company Name

★ **Name of Company**

Flock Safety

DBA

Company Address

★ **Address Line 1**

1160 Howell Mill Road Northwest

Address Line 2

★ **City**

Atlanta

★ **State**

Georgia

★ **Zip**

30318

★ **Country**

United States

★ **County**

Fulton

☑ **Mailing is same address as physical.**

Company Phone Numbers

★ **Company Phone Number**

(866) 901-1781

Company Fax Number

Enter Phone Number

Position At The Company

★ **Will your position be managerial?**

(●) Yes ( ) No

★ **Will you exercise direct control and supervision over the registered employees?**

(●) Yes ( ) No

Company Licensing

★ **Select Business Type**

Corporation

Please upload business license and corporate documents.

Browse | Flock Business License.pdf

Company Principals

Title	Full Name	Email	Edit	Delete

Add Company Principal

Qualifying Agent

Qualifying Agent's Full Name

★ **First Name**

Daniel

Middle Name

★ **Last Name**

Moreno

Suffix

Nickname (optional)

Qualifying Agent's Address

★ **Address Line 1**

[redacted]

Address Line 2

★ **City**

[redacted]

★ **State**

[redacted]

★ **Zip**

[redacted]

★ **Country**

[redacted]

★ **County**

[redacted]

North Carolina Electrical Contractors License

★ ○ Yes ◉ No Does your company currently hold either the special low-voltage (SP-LV), limited, intermediate, or unlimited North Carolina Electrical Contractor's License?

★ Copy of your company's current North Carolina electrical contractors license.

Browse | Flock Business License.pdf

Photo of Applicant

★ One (1) recent color head and shoulders JPEG digital photo. The photo must have been taken in the past five (5) years.

Browse | profile pic.jpg

Notarized Release of Records From

★ Upload a copy notarized release of records form.

Browse | Alarm Application notary.pdf

I hereby certify that all answers and statements in this application are true and accurate to the best of my knowledge. I am aware that should an investigation disclose any misrepresentation or falsification, my application may be denied.

★ Sign with your initials

DM

Background Check:

Process	Status	Initials	Date	
CRC CHECK				🗑
FP SENT	Pass	syconda.marrow	6/26/2023	🗑
FP RESULTS	Fail	syconda.marrow	7/21/2023	🗑

Process	Status	Initials	Date	

Comments:

**no character references KO 6/26/23

PHOTO				
AUTHORIZED RELEASE	Pass	syconda.marrow	6/26/2023	
CE CREDITS				
CE EXEMPT				
Deputy Director				

Comments:

CWC				
Date Received				
TERMINATION DATE				

Investigator Notes (/interviewQuestions/ccwInterview/DCD6X3F4I)

Work Comments:

Applicant requested continuance by phone 10/24/23, P Sherwin agreed to continue to January 2024 meeting - dgc

Applicant requested continuance until November - 8/28/23 - dgc
From: [redacted]
Sent: Monday, August 28, 2023 11:45 AM
To: Cole, Darla G <darla.cole@ncdps.gov>
Subject: [External] Re: Alarm license

I want to apologize for not getting back to you sooner, work and home life have been hectic. I will need a continuance till November to go in front of the board. I do apologize.

+ 9 Attached Documents

+ Add files...

File Name
Description
Attached By
Attached

BackgroundReport.pdf (/attachedFiles/DCD6X3F4I/1685753613572)
CRC Background Report
system
06/02/23 20:53

AA Degree.pdf (/attachedFiles/DCD6X3F4I/1685753613695)
proofOfGraduation
06/02/23 20:53

DD214.pdf (/attachedFiles/DCD6X3F4I/1685753613935)
otherMilitaryDoc
06/02/23 20:53

Flock Business License.pdf (/attachedFiles/DCD6X3F4I/1685753614107)
companyLicensingUpload
06/02/23 20:53

profile pic.jpg (/attachedFiles/DCD6X3F4I/1685753614362)
photo
06/02/23 20:53

Alarm Application notary.pdf (/attachedFiles/DCD6X3F4I/1685753614547)
releaseForm
06/02/23 20:53

Flock Business License.pdf (/attachedFiles/DCD6X3F4I/1685753614809)
ncecLicense
06/02/23 20:53

Daniel Moreno_Authority For Release of Information & DD214.pdf
(/attachedFiles/DCD6X3F4I/1687788402608)
syconda.marrow
06/26/23 10:06

MORENO REPORT.pdf (/attachedFiles/DCD6X3F4I/1689956537445)
syconda.marrow
07/21/23 12:22

🗑

Action Date:
Action User:
Action Type:
Description / Notes:

6/2/23 8:53 PM
StartPayment
Starting payment processing.

6/2/23 8:53 PM
StartPayment
Starting payment processing.

6/26/23 9:46 AM
syconda.marrow
SaveProgress
The application data was updated.

6/26/23 9:46 AM
syconda.marrow
OwnerChange
The application was moved to user 'kim.odom'.

6/26/23 10:06 AM
syconda.marrow
SaveProgress
The application data was updated.

6/26/23 1:27 PM
kim.odom
SaveProgress
The application data was updated.

6/26/23 3:35 PM
kim.odom
OwnerChange
The application was moved to user 'syconda.marrow'.

7/21/23 12:22 PM
syconda.marrow
SaveProgress
The application data was updated.

7/21/23 12:22 PM
syconda.marrow
OwnerChange
The application was moved to user 'kim.odom'.

8/8/23 12:45 PM
kim.odom
OwnerChange
The application was moved to user 'darla.cole'.

8/8/23 12:45 PM
kim.odom
StatusChange
The order status was updated to'Investigator Assigned'.

8/28/23 12:01 PM
darla.cole
SaveProgress
The application data was updated.

8/28/23 12:01 PM
darla.cole
SaveProgress
The application data was updated.

8/28/23 2:16 PM
kim.odom
SaveProgress
The application data was updated.

10/24/23 11:44 AM
kim.odom
SaveProgress
The application data was updated.
10/24/23 11:44 AM
kim.odom
SaveProgress
The application data was updated.
10/24/23 1:09 PM
darla.cole
SaveProgress
The application data was updated.
10/30/23 3:59 PM
kim.odom
SaveProgress
The application data was updated.

Move Order
Assign Inv
Order Pending
Defer Order
Request Documentation
Add Invoice (/dynamicapp/invoice/new?associatedOrderId=DCD6X3F4I)
Approve Order
Withdraw Order
Deny Order
Assess Fine

Background Check		
CRC CHECK	✔	✖
FP SENT	✔	✖
FP RESULTS	✔	✖
PHOTO	✔	✖
AUTHORIZED RELEASE	✔	✖
CE CREDITS	✔	✖
CE EXEMPT	✔	✖
Deputy Director	✔	✖
CWC	✔	✖
Date Received	✔	✖
TERMINATION DATE	✔	✖

Save Progress
Print
Search Archive

Date Received: 05/26/2023	Date Completed: 06/02/2023
Payment Received: 05/26/2023	Research Completed By: ID# 160825

Order Confirmation# C348230

Personal Information:

Name: Daniel Moreno

Date of Birth: [redacted]

SSN: [redacted]

Driver's Licenses [redacted]

Addresses for Places of Residence

1. [redacted] 10/2022 - 5/2023)
2. [redacted] (4/2016 - 10/2022)

Addresses for Places of Employment

1. 1160 Howell Mill Road Northwest, Atlanta, GA, 30318 (6/2022 - 5/2023)
2. PO Box 79358, Charlotte, NC, 28271 (6/2020 - 6/2022)
3. 635 Hwy74 S , Peachtree City, GA, 30269 (9/2019 - 6/2020)
4. 2805 Freedom Parkway Drive, Fayetteville , NC, 28314 (9/2013 - 9/2019)

Addresses for Schools Attended

Social Security Number Verifier Results:

State Issued: [redacted]
Year Issued: [redacted]
Death Index: NO ENTRY FOUND

Names on File: DANIEL E MORENO
DANIEL N MORENO

Address Section:

DANIEL MORENO
[redacted]
01/01/2021 - 04/01/2023

DANIEL MORENO
[redacted]
01/25/2015 - 11/12/2022

DANIEL MORENO
[redacted]
07/01/2013 - 11/01/2022

Jurisdiction(s) Searched:

Georgia Statewide Search
North Carolina Statewide Search

Criminal Background Check:

Georgia Statewide Search
Clear

North Carolina Statewide Search *2 record(s)*

Record 1

Court:	PENDER DISTRICT
Case Number:	21CR 703480
File Severity:	CRIMINAL TRAFFIC
Offense Dates:	06/19/2021
Charges:	SPEEDING 071/55 (CRIMINAL TRAFFIC)
Disposition Dates:	10/07/2021
Dispositions:	RESPONSIBLE TO LESSER - "IMPROPER EQUIP - SPEEDOMETER" (INFRACTION)
Sentence:	FINE / COSTS: $266.00 PAID: YES

Identifiers on Record:

Name on File:	MORENO,DANIEL,
DOB on File:	DOB MATCH
Address on File:	[redacted]
DL# on File:	NOT LISTED
SSN on File:	NOT LISTED

Record 2

Court:	CUMBERLAND DISTRICT
Case Number:	18CR 713871
File Severity:	CRIMINAL TRAFFIC
Offense Dates:	06/18/2018
Charges:	SPEEDING 062/35 (CRIMINAL TRAFFIC)
Disposition Dates:	07/27/2018
Dispositions:	RESPONSIBLE TO LESSER - "IMPROPER EQUIP - SPEEDOMETER" (INFRACTION)
Sentence:	FINE / COSTS: $238.00 PAID: YES
Special Conditions:	* AMEND IE; ADA (NAME REDACTED)..

Identifiers on Record:

Name on File:	MORENO,DANIEL,
DOB on File:	DOB MATCH
Address on File:	[redacted]
DL# on File:	NOT LISTED
SSN on File:	NOT LISTED

Please contact our offices directly if you wish to dispute any information returned within this Criminal Record Check.

By Mail
PO Box 90998
Raleigh, NC 27675-0998

By Phone
Local - 919-459-1029
Toll Free - (877) 272-0266

By Fax
Toll Free - (800) 650-5992

By Email
licensing@mycrc.com

Please locate the security token on your home page and copy it into the Permitium system to provide this report to the ASLB/PPSB.

Reports are archived after 60 days. If reports need to be accessed after 60 days, please contact us directly using one of the methods provided above.

CRC
CRIMINALRECORDCHECK.COM

ASLB/PPSB Licensing
Criminal Record Checks

Date Received: 05/26/2023	Date Completed: 06/19/2023
Payment Received: 06/16/2023	Research Completed By: ID# 160825

Order Confirmation# C348230

Personal Information:

Name: Daniel Moreno

Date of Birth: [redacted]

SSN: [redacted]

Driver's Licenses [redacted]

Addresses for Places of Residence

1. [redacted] (10/2022 - 6/2023)
2. [redacted] 4/2016 - 10/2022)

Addresses for Places of Employment

1. 1160 Howell Mill Road Northwest, Atlanta, GA, 30318 (6/2022 - 6/2023)
2. PO Box 79358, Charlotte, NC, 28271 (6/2020 - 6/2022)
3. 635 Hwy74 S , Peachtree City, GA, 30269 (9/2019 - 6/2020)
4. 2805 Freedom Parkway Drive, Fayetteville , NC, 28314 (9/2013 - 9/2019)

Addresses for Schools Attended

Social Security Number Verifier Results:

State Issued: [redacted]

Year Issued: [redacted]

Death Index: NO ENTRY FOUND

Names on File: DANIEL E MORENO
DANIEL N MORENO

Address Section:

DANIEL MORENO
[redacted]
01/01/2021 - 04/01/2023

DANIEL MORENO
[redacted]
01/25/2015 - 11/12/2022

DANIEL MORENO
[redacted]
07/01/2013 - 11/01/2022

Jurisdiction(s) Searched:

Georgia Statewide Search
North Carolina Statewide Search

Criminal Background Check:

Georgia Statewide Search
Clear

North Carolina Statewide Search *2 record(s)*

Record 1

Court:	PENDER DISTRICT
Case Number:	21CR 703480
File Severity:	CRIMINAL TRAFFIC
Offense Dates:	06/19/2021
Charges:	SPEEDING 071/55 (CRIMINAL TRAFFIC)
Disposition Dates:	10/07/2021
Dispositions:	RESPONSIBLE TO LESSER - "IMPROPER EQUIP - SPEEDOMETER" (INFRACTION)
Sentence:	FINE / COSTS: $266.00 PAID: YES

Identifiers on Record:

Name on File:	MORENO,DANIEL,
DOB on File:	DOB MATCH
Address on File:	[redacted]
DL# on File:	NOT LISTED
SSN on File:	NOT LISTED

Record 2

Court:	CUMBERLAND DISTRICT
Case Number:	18CR 713871
File Severity:	CRIMINAL TRAFFIC
Offense Dates:	06/18/2018
Charges:	SPEEDING 062/35 (CRIMINAL TRAFFIC)
Disposition Dates:	07/27/2018
Dispositions:	RESPONSIBLE TO LESSER - "IMPROPER EQUIP - SPEEDOMETER" (INFRACTION)
Sentence:	FINE / COSTS: $238.00 PAID: YES
Special Conditions:	* AMEND IE; ADA (NAME REDACTED)..

Identifiers on Record:

Name on File:	MORENO,DANIEL,
DOB on File:	DOB MATCH
Address on File:	[redacted]
DL# on File:	NOT LISTED
SSN on File:	NOT LISTED

Reference Summary:

Completed	Reference	Alerts
06/28/2023	Gyunn, Robert	
06/30/2023	Lantz, Michael	
06/29/2023	Whitting, Daniel	
06/29/2023	Whitting, Lauren	
06/28/2023	Bunting, Robert	

Reference Details

Reference 1: 06/28/2023

Name:	Robert Gyunn
Email:	
IP:	24.12.33.179

How long have you known the applicant?

2 years

Do you know him/her personally or professionally?

Personally

What is your relationship to the applicant?

friend at church

Have you ever known the applicant to have alcohol or drug problems?

no

What kind of person do you think he/she is and how would you summarize his/her moral character?

Excellent husband, father, friend and church member. He is always willing to help others and seeks to do what is right in every aspect of his life.

Have you ever observed or had knowledge of the applicant doing anything you felt was illegal or questionable?

NEVER

Is there anything else about the applicant that has not been asked that you feel we need to know about him/her before we grant the applicant a license?

LOVES people and loves spending time with his family.

Would you recommend the applicant for the license that he/she requested?

YES

Name:	Lauren Whiting
Address:	[redacted]
Telephone:	[redacted]
Signature:	

Reference 2: 06/30/2023

Name:	Michael Lantz
Email:	[redacted]
IP:	47.134.11.165

How long have you known the applicant?

2 yrs

Do you know him/her personally or professionally?

Professionally

What is your relationship to the applicant?

Coworker

Have you ever known the applicant to have alcohol or drug problems?

No

What kind of person do you think he/she is and how would you summarize his/her moral character?

Honest, trustworthy

Have you ever observed or had knowledge of the applicant doing anything you felt was illegal or questionable?

No

Is there anything else about the applicant that has not been asked that you feel we need to know about him/her before we grant the applicant a license?

He honest, trustworthy and dependable

Would you recommend the applicant for the license that he/she requested?

Yea

Name:	Michael Paul Lantz
Address:	[redacted]
Telephone:	[redacted]
Signature:	

Reference 3: 06/29/2023

Name:	Daniel Whitting
Email:	[redacted]
IP:	107.122.157.22

How long have you known the applicant?

3 Years

Do you know him/her personally or professionally?

Personally

What is your relationship to the applicant?

Friend

Have you ever known the applicant to have alcohol or drug problems?

No

What kind of person do you think he/she is and how would you summarize his/her moral character?

Always willing to help and do what's right and needed.

Have you ever observed or had knowledge of the applicant doing anything you felt was illegal or questionable?

No

Is there anything else about the applicant that has not been asked that you feel we need to know about him/her before we grant the applicant a license?

No

Would you recommend the applicant for the license that he/she requested?

Yes

Name:	Daniel Whitting
Address:	[redacted]
Telephone:	[redacted]

Signature:	

Reference 4: 06/29/2023

Name:	Lauren Whitting
Email:	[redacted]
IP:	174.228.64.165

How long have you known the applicant?

2 years

Do you know him/her personally or professionally?

Personally

What is your relationship to the applicant?

Friend from church

Have you ever known the applicant to have alcohol or drug problems?

No

What kind of person do you think he/she is and how would you summarize his/her moral character?

Loves his family and always seeks to help others and do what's right

Have you ever observed or had knowledge of the applicant doing anything you felt was illegal or questionable?

Never

Is there anything else about the applicant that has not been asked that you feel we need to know about him/her before we grant the applicant a license?

No

Would you recommend the applicant for the license that he/she requested?

Yes

Name:	Lauren Whitting
Address:	[redacted]
Telephone:	[redacted]
Signature:	

Reference 5: 06/28/2023

Name:	Robert Bunting
Email:	
IP:	174.216.2.127

How long have you known the applicant?

2yrs

Do you know him/her personally or professionally?

Professionally

What is your relationship to the applicant?

Work associate

Have you ever known the applicant to have alcohol or drug problems?

No

What kind of person do you think he/she is and how would you summarize his/her moral character?

A very honest and motivated person

Have you ever observed or had knowledge of the applicant doing anything you felt was illegal or questionable?

No

Is there anything else about the applicant that has not been asked that you feel we need to know about him/her before we grant the applicant a license?

He is a very honest and trustworthy, highly motivated person

Would you recommend the applicant for the license that he/she requested?

Yes

Name:	Michael Iantz
Address:	[redacted]
Telephone:	[redacted]
Signature:	

Please contact our offices directly if you wish to dispute any information returned within this Criminal Record Check.

By Mail
PO Box 90998
Raleigh, NC 27675-0998

By Phone
Local - 919-459-1029
Toll Free - (877) 272-0266

By Fax
Toll Free - (800) 650-5992

By Email
licensing@mycrc.com

Please locate the security token on your home page and copy it into the Permitium system to provide this report to the ASLB/PPSB.

Reports are archived after 60 days. If reports need to be accessed after 60 days, please contact us directly using one of the methods provided above.

The survey should only take a few minutes and is used to help improve services to our customers.

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD - SAFEGUARD IT

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 1 JUL 79 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO.
MORENO, DANIEL, NMN	NAVY-USN	[redacted]

4a. GRADE, RATE OR RANK	4b. PAY GRADE	5. DATE OF BIRTH	6. PLACE OF ENTRY INTO ACTIVE DUTY
FR	E1	[redacted]	FRESNO, CA

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8. STATION WHERE SEPARATED
USS MISSOURI (BB 63)	USS MISSOURI (BB 63) AT LONG BEACH, CA

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE
N/A	AMOUNT $ 50,000 ☐ NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY *(Additional specialty numbers and titles involving periods of one or more years)*

0000

12. RECORD OF SERVICE	YEAR (s)	MON (s)	DAY (s)
a. Date Entered AD This Period	87	SEP	28
b. Separation Date This Period	88	MAR	09
c. Net Active Service This Period	00	05	12
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	00	12
f. Foreign Service	00	00	00
g. Sea Service	00	01	17
h. Effective Date of Pay Grade	87	SEP	28
i. Reserve Oblig. Term. Date		N/A	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED *(All periods of service)*

X X X X X X X X X X X X X X X X

14. MILITARY EDUCATION *(Course Title, number weeks, and month and year completed)*

X X X X X X X X X X X X X X X X

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	16. HIGH SCHOOL GRADUATE OR EQUIVALENT	17. DAYS ACCRUED LEAVE PAID
☐ YES ☒ NO	☒ YES ☐ NO	0.00

18. REMARKS

MEMBER WAS PROVIDED A COMPLETE DENTAL EXAMINATION WITHIN 90 DAYS OF SEPARATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WAS AVAILABLE.

X X X X X X X X X X X X X X X X

Upon recommendation of the Faculty of the

College of the Sequoias

and under authorization granted by the Board of Governors of the
California Community Colleges
the degree of

Associate of Arts

is hereby conferred upon

Daniel Moreno

with all Rights, Benefits and Privileges pertaining thereto.
Given at Visalia, California,
this twenty-second day of May, two thousand and nine.

William J. Scroggins
Superintendent/President

President, Board of Trustees

Earl Mann
Clerk, Board of Trustees

NORTH CAROLINA ALARM SYSTEMS LICENSING BOARD
AUTHORIZATION FOR RELEASE OF RECORDS

I, (Print Full Name) Daniel Moreno,

Social Security Number [redacted] and date of birth of [redacted],
hereby request and authorize the following:

Release of General Records

I am applying for a license, registration, certification, or permit from the North Carolina Alarm Systems Licensing Board. I request that all doctors, nurses, hospitals, military organizations, insurance companies, educational institutions, governmental agencies, banks, and other credit agencies, my present and former employers, and any other individuals who may have records or other information about me to release and furnish to the North Carolina Department of Justice and to the Alarm Systems Licensing Board all records and other information concerning me, including internal affairs files, disciplinary files and any information concerning pending and/or closed investigations. The above mentioned agencies are currently conducting a personal background to determine my suitability for a Alarm Systems Board License, Certification and/or Registration. Your assistance and cooperation will be greatly appreciated. A copy of this signed and notarized authorization shall be as effective and valid as the original.

Release of Criminal Records

I am applying for a license, registration, certification, or permit from the North Carolina Alarm Systems Licensing Board. I hereby consent to allow the Alarm Systems Licensing Board and the N.C. Department of Justice to access my criminal record. In order to conduct a thorough criminal record check on me, I authorize the Alarm Systems Licensing Board and the N.C. Department of Justice to use my fingerprints and any other identifying information as may be required by any state or national repository. I acknowledge that my fingerprints may be submitted to the North Carolina State Bureau of Investigation or any other states' criminal record depository for a search of the state criminal history record file. The North Carolina State Bureau of Investigation has my permission to forward my fingerprints and any other identifying information to the Federal Bureau of Investigation for a national criminal history check.

Equifax Credit Check

I am applying for a license from the North Carolina Alarm Systems Licensing Board. I hereby consent to allow the Alarm Systems Licensing Board and the N.C. Department of Justice to access my credit history through Equifax. I acknowledge that it is my responsibility to prove to the Board that I am financially responsible. Once I receive a copy of my Equifax credit check from the Board, I will review the credit information and will contact Equifax should I find any errors or omissions. After review, I will sign the credit check and thereby certify that I am providing a true and accurate copy of my credit history to the Board as part of my application process.

Disclosure Release

Once all General Records and Criminal Records have been obtained, I hereby grant permission to the Alarm Systems Licensing Board, by and through its administrative staff, employees, or agents, to meet with my current employer, sponsor, or potential employer to discuss the complete results of my background investigation, to include a review of the above-referenced documents. I hereby grant permission and allow the Board, its administrative staff, employees, or agents, to discuss all aspects of my background, both positive and negative, with my current employer, sponsor, or potential employer.

Liability Release

By making this request, I release all doctors, nurses, hospitals, military organizations, insurance companies, educational institutions, governmental agencies, banks, and other credit agencies, my present and former employers, and any other individuals who may have records or other information about me from any liability whatsoever and from any damages whatsoever, which may at any time result because of compliance with this authorization and request.

This the 31 day of May, 2023.

Applicant's Signature

Cumberland County, North Carolina

I, Melinda B Murray, do hereby certify that Daniel Moreno personally appeared before me this day and acknowledged the due execution of the foregoing document. Witness my hand and official seal this the 31st day of May 2023.

(Official Signature of Notary)
Notary Public

My Commission Expires: 01/06/24 (Official Seal)

Revised 5/2011

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice through the STATE BUREAU OF INVESTIGATION, Special Operations Division , to perform a fingerprint search of the State's criminal history record file and, if applicable, a fingerprint search of the FEDERAL BUREAU OF INVESTIGATIONS files for a national criminal history record check in connection with my application for licensing and/or registration with the **ALARM SYSTEMS LICENSING BOARD** pursuant to NCGS 74D-2.

(Type or Print clearly)

Last Name	First	Middle	Maiden
Moreno	Daniel	-	-

Social Security Number (Optional*)	Date of Birth	Sex	Race
[redacted]		M	Hispanic

I understand that the North Carolina State Bureau of Investigations, Special Operations Division, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the agency cannot provide a **hard copy** of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist the accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's Signature

Daniel Moreno

Date

5/31/23

This form must be maintained on file with the above named agency for one year. **Do not mail this form or a copy of this form to the State Bureau of Investigation.**

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES | THIS IS AN IMPORTANT RECORD SAFEGUARD IT | ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 1 JUL 79 214 — PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO.
MORENO, DANIEL RAY	NAVY-USN	[redacted]

4a. GRADE, RATE OR RANK	4b. PAY GRADE	5. DATE OF BIRTH	6. PLACE OF ENTRY INTO ACTIVE DUTY
FR	E1	[redacted]	FRESNO, CA

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8. STATION WHERE SEPARATED
USS MISSOURI (BB 63)	USS MISSOURI (BB 63) AT LONG BEACH, CA

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE
N/A	AMOUNT $ 30,000 ☐ NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY *(Additional specialty numbers and titles involving periods of one or more years)*

0000

12. RECORD OF SERVICE	YEAR(s)	MON (s)	DAY (s)
a. Date Entered AD This Period	87	SEP	28
b. Separation Date This Period	88	MAR	09
c. Net Active Service This Period	00	05	12
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	00	12
f. Foreign Service	00	00	00
g. Sea Service	00	03	17
h. Effective Date of Pay Grade	87	SEP	28
i. Reserve Oblig. Term. Date		N/A	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED *(All periods of service)*

X X X X X X X X X X X X X X X X

14. MILITARY EDUCATION *(Course Title, number weeks, and month and year completed)*

X X X X X X X X X X X X X X X X

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	16. HIGH SCHOOL GRADUATE OR EQUIVALENT	17. DAYS ACCRUED LEAVE PAID
☐ YES ☒ NO	☒ YES ☐ NO	0.00

18. REMARKS

MEMBER WAS PROVIDED A COMPLETE DENTAL EXAMINATION WITHIN 90 DAYS OF SEPARATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WAS AVAILABLE.

X X X X X X X X X X X X X X X X

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Public Safety through THE STATE BUREAU OF INVESTIGATION to perform a fingerprint search of the State's criminal history record file and, if applicable, a fingerprint search of the FEDERAL BUREAU OF INVESTIGATION'S files for a national criminal history record check in connection with my application for employment, or my employment with PPS ALARM SYSTEMS LICENSING BOARD pursuant to PRIVATE PROTECTIVE SERV ALARM SYSTEMS LIC - STATE AND FED - NCGS 74D-2. I understand my rights to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or update of an FBI identification record are set forth in Title 28, CFR, 16.34

(Type or print clearly)

Last Name	First	Middle	Maiden
MORENO	**DANIEL**		

Social Security Number	Date of Birth	Sex	Race
[redacted]		**MALE**	**HISPANIC**

I understand that the North Carolina State Bureau of Investigation and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the agency cannot provide a HARD COPY of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's Signature

Date

6/4/23

NCASLB001

This form must be maintained on file with the above named agency for one year. DO NOT MAIL THIS FORM OR A COPY OF THIS FORM TO THE STATE BUREAU OF INVESTIGATION.

RECEIVED
JUN 21 2023
PPS/ASL

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:44 PM 02/23/2017
FILED 02:44 PM 02/23/2017
SR 20171187133 - File Number 6325533

CERTIFICATE OF INCORPORATION

OF

FLOCK GROUP INC

ARTICLE I

The name of the corporation is Flock Group Inc (the "**Corporation**").

ARTICLE II

The address of the Corporation's registered office in the State of Delaware is 2711 Centerville Road, Suite 400, Wilmington, New Castle County, Delaware 19808. The name of its registered agent at such address is The Company Corporation.

ARTICLE III

The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the Delaware General Corporation Law.

ARTICLE IV

The aggregate number of shares which the Corporation shall have authority to issue is 10,000,000 shares of capital stock all of which shall be designated "Common Stock" and have a par value of $0.00001 per share.

ARTICLE V

The business and affairs of the Corporation shall be managed by or under the direction of the Board of Directors. Elections of directors need not be by written ballot unless otherwise provided in the Bylaws of the Corporation. In furtherance of and not in limitation of the powers conferred by the laws of the state of Delaware, the Board of Directors of the Corporation is expressly authorized to make, amend or repeal Bylaws of the Corporation.

ARTICLE VI

(A) To the fullest extent permitted by the Delaware General Corporation Law, as the same exists or as may hereafter be amended, a director of the Corporation shall not be personally liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director.

(B) The Corporation shall indemnify to the fullest extent permitted by law any person made or threatened to be made a party to an action or proceeding, whether criminal, civil, administrative or investigative, by reason of the fact that he, his testator or intestate is or was a director or officer of the Corporation or any predecessor of the Corporation, or serves or served at any other enterprise as a director or officer at the request of the Corporation or any predecessor to the Corporation.

(C) Neither any amendment nor repeal of this Article VI, nor the adoption of any provision of the Corporation's Certificate of Incorporation inconsistent with this Article VI, shall eliminate or reduce the effect of this Article VI in respect of any matter occurring, or any action or proceeding accruing or arising or that, but for this Article VI, would accrue or arise, prior to such amendment, repeal or adoption of an inconsistent provision.

ARTICLE VII

Unless the Corporation consents in writing to the selection of an alternative forum, the Court of Chancery of the State of Delaware shall be the sole and exclusive forum for (A) any derivative action or proceeding brought on behalf of the Corporation, (B) any action or proceeding asserting a claim of breach of a fiduciary duty owed by any director, officer, employee or agent of the Corporation to the Corporation or the Corporation's stockholders, (C) any action or proceeding asserting a claim against the Corporation arising pursuant to any provision of the Delaware General Corporation Law or the Corporation's Certificate of Incorporation or Bylaws, or (D) any action or proceeding asserting a claim governed by the internal affairs doctrine, in each case subject to said Court of Chancery having personal jurisdiction over the indispensable parties named as defendants therein.

ARTICLE VIII

The name and mailing address of the incorporator are as follows:

Garrett Langley
2588 Winslow Drive Northeast
Atlanta, GA 30305

Executed on February 22, 2017.

E-signed using Clerky (39a47feddb01e1a4fc3cba2ae6ad7d80)

Garrett Langley

Garrett Langley, Incorporator

Sherwin, Paul

From: Odom, Kim
Sent: Friday, October 6, 2023 2:56 PM
To: Sherwin, Paul
Subject: FW: NC Alarm license

This is Flock's applicant, FYI.

From: Cole, Darla G <darla.cole@ncdps.gov>
Sent: Friday, October 6, 2023 2:15 PM
To: [redacted]
Subject: NC Alarm license

Good afternoon Mr. Moreno – I wanted to touch base with you about your NC Alarm license application.
We continued your case until the November 16th board meeting.
We still need the items that I had requested for the September board meeting. If we are to get your application into the November board meeting, I need those items by 10/15 at the latest – normally I ask for the documentation by the first of the month prior to the meeting. Our process requires that I review your documentation and that we then have a personal interview. I have to have my completed background report turned in by Nov. 1.
The list below details the items that we need from you and the dates that I have previously requested these items.
Please let me know as soon as possible how you plan to proceed. – Darla

*__Verifiable proof of years experience:__ As mentioned in my 8/18 email and our subsequent phone call, you need to provide me with verifiable proof of 2 years experience (out of the last 5) in alarm systems installation/service or management OR you need to provide proof that you have successfully completed the Level 1 CAT course.
*__Written explanation for the charge-off that appears on your credit history:__ As mentioned in my 8/21 email, I need a written explanation for a charge-off that has appeared on your credit history.
*__Name/license copy of the NC licensed electrical contractor on staff:__ As mentioned in my 8/22 email, you are required to have a NC license electrical contractor on staff in order to receive a license. I need a copy of this person's NC Electrical Contractor's license.
*__Dispositions of criminal issues that came up on your fingerprints:__ Ms Marrow, the ASLB license secretary, has sent you a form to fill out in reference to the issues that came up on your fingerprint card. And, she also informed you of the need for a NC licensed electrical contractor.

Darla G. Cole
Investigator
N.C. Private Protective Services
919-612-3331

Email correspondence to and from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized state official.

Sherwin, Paul

From: Cole, Darla G
Sent: Thursday, October 26, 2023 8:31 AM
To: Sherwin, Paul
Subject: FW: NC Alarm license

Importance: High

Here you go…. I was not exactly nice about it.

From: Cole, Darla G
Sent: Tuesday, October 24, 2023 12:10 PM
To: [redacted]
Subject: NC Alarm license
Importance: High

Mr. Moreno – The director is going to allow one additional extension. You will now be scheduled for the January 2024 board meeting. I believe the date will be Jan. 18th. The meeting will be held in Raleigh.
I will need the following items from you by 12/10 in order to review them and for us to have our personal interview before the end of December. If I do not have the necessary items by this time, we will be unable to do the personal interview and I will have no choice but to recommend denial of your license.
The list below details the items that we need from you and the dates that I have previously requested these items. All of these items also were requested in an email on 10/6/2023.
***Verifiable proof of years experience:** As mentioned in my 8/18 email and our subsequent phone call, you need to provide me with verifiable proof of 2 years experience (out of the last 5) in alarm systems installation/service or management OR you need to provide proof that you have successfully completed the Level 1 CAT course.
***Written explanation for the charge-off that appears on your credit history:** As mentioned in my 8/21 email, I need a written explanation for a charge-off that has appeared on your credit history. The board also will want proof that you have paid or are paying off that debt.
***Name/license copy of the NC licensed electrical contractor on staff:** As mentioned in my 8/22 email, you are required to have a NC license electrical contractor on staff in order to receive a license. I need a copy of this person's valid NC Electrical Contractor's license.
***Dispositions of criminal issues that came up on your fingerprints:** Ms Marrow, the ASLB license secretary, has sent you a form to fill out in reference to the issues that came up on your fingerprint card. And, she also informed you of the need for a NC licensed electrical contractor.

Darla G. Cole
Investigator
N.C. Private Protective Services
919-612-3331

Email correspondence to and from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized state official.

Sherwin, Paul

From: Cole, Darla G
Sent: Tuesday, October 24, 2023 11:13 AM
To: Odom, Kim
Cc: Sherwin, Paul
Subject: D Moreno Alarm license for Flock order #DCD6X3F4I

Good morning… I had not heard back anything from Mr. Moreno about his alarm license application, so I finally got him on the phone today.
He requested a continuance from the September meeting until November. At the time, he needed:
1 – Proof of experience or the Level 1 class
2 – Licensed electrical contractor
3 – Disposition on charges from California that showed up on his fingerprints
4 – Explanation of a credit issue

Today, he said he would need another continuance because getting the criminal disposition stuff from California had been "a nightmare." I asked him about the Level 1 class. He said his test isn't until December. He has not gotten an electrical contractor yet.
I told him that since he had already been granted one continuance, I was not sure if he could get another. He asked if he should withdraw and reapply later. So, I am checking with y'all to see.
I am not sure that he has made a good faith effort on any of the things we needed. All of this was communicated to him prior to his requested continuance on 8/28. I followed up at the beginning of October reminding him of all the things he needed to go to the November board meeting and never heard anything back from him.
I have had applicants take the Level 1 class online and get their certificates in about 2 weeks time. I also had a PPS applicant with criminal charges from California and he was able to get the dispositions to me in a fairly timely manner. Maybe each county is different, but he was able to go to an online portal and pull up the dispositions. Just my two cents worth…..

Darla G. Cole
Investigator
N.C. Private Protective Services
919-612-3331

Email correspondence to and from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized state official.